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OCT 26 2005

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10/19/2005

GKN DRIVELINE NORTH AMERICA, INC 3300 UNIVERSITY DRIVE **AUBURN HILLS, MI 48326** 

10/27/2005 TBESHAH2 00000011 071360 10644442

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Kethleen A. Sheere	(Depositor's nume)
Patter a Dane	(Signature)
October 26, 2005	(Dalo)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/644,442	08/20/2003	Donald W. Dine	G00351/11S	·· 7016	
TITLE OF INVENTION: P	ROPELLER SHAFT				

APPLN. TYPE	SMALL ENTITY	ISSUE FE	SE.	PUBLICATION FEE	TOTAL PEE(S) DOE	DATEDOB
nonprovisional	NO	\$1400		\$300	\$1700	01/19/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
BINDA, GREGORY JOHN		3679		464-181000		
Change of correspondence address or indication of "Fae Address" (37 CFR 1.363).   Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON Telephone PLEASE NOTE: Unless in assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  No THE PATENT (print or type)			

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE 3300 UniversityDrive, Auburn Hills, Michigan 48326-2362 GKN Driveline North America, Inc. ☐ Individual ☑ Corporation or other private group entity ☐ Government Please check the appropriate assignes caregory or categories (will not be printed on the patent): 4b. Payment of Fcx(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. ☐ Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. Publication Fcc (No small entity discount permitted)  $\square$  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0.7-1.360 (enclose an extra copy of this form). ☐ Advance Order - # of Copies Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature Jennifer M <u>Brumbaugh</u> Typed or printed name

Date <u>October 26, 2005</u>

Registration No.

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